

ILLINOIS

MEDICAL & SURGICAL JOURNAL.

VOL. I.

MAY, 1844.

NO. 2.

EPIDEMIC ERYSIPELAS, CALLED "BLACK TONGUE."—This disease has for several years been prevailing in various sections of the Union. Appearing at different times, at points widely separated from each other, and with a fearful mortality, it has attracted considerable attention. The principal accounts of it which have been given to the public, are by Charles Hall, M. D., of Burlington, Vt., and George Dexter, M. D., of Lancaster, N. H., in a joint paper communicated to the *Amer. Jour.* of Jan. '44, and by Dr. George Sutton, of Aurora, Ia., in the *Western Lancet*, Nov. 1843. We shall take the privilege of arranging from these and other accounts, the most prominent features of this disease, and its treatment.

The first appearance of Epidemic Erysipelas, so far as we can learn, was in the summer of 1841, in some parts of Canada. At Lancaster, N. H., several cases occurred late in the fall of 1841. In the spring of 1842, it appeared at different points in the northern and middle sections of Vermont and New Hampshire; and during the whole of that year, it prevailed to a greater or less extent in that district. The line of its progress, Dr. Hall represents as "irregular and erratic," he indicates a "section of country, from the Canada line following the course of the Connecticut river southwardly, a distance of a hundred miles, westwardly, from the banks of the same river, to the borders of Lake Champlain, and eastwardly, to the State of Maine," as that in which the disease manifested itself in the most malignant form.

Dr. Sutton records the appearance of the epidemic in Ripley county, in November, 1842. "It commenced three miles east of Napoleon, and gradually extended in a south-easterly direction, over a section of country ten to fifteen miles in width, and about thirty in length." During the winter of 1842, notice ap-

peared in the public papers of an epidemic prevailing on the Illinois river, called the "black tongue;" also of a similar or identical disease in some parts of Missouri.

During the last winter, (1843, '44,) the same epidemic prevailed at Michigan City, Ia.,. Our accounts of the disease occurring at this point have, as yet, been verbal,* but sufficient to remove all doubt of an identity with those already mentioned.

A communication in the Columbia, (Tenn.) Observer, (March 7, '44,) mentions an epidemic erysipelas as prevailing in that town. The symptoms characterizing it do not show any material variation from that prevailing in other sections of the country.

A late newspaper account represents the "black tongue" as "raging with great violence in Augusta, Kentucky.

Such have been the principal points at which the disease has made its appearance. The irregularity of its progress, and the possibility of its still extending to other places, render it desirable that the profession should inform themselves upon the subject.

The symptoms of the disease in the different sections enumerated, are, in many respects, strikingly similar. We cannot do better than quote from the different observers.

Drs. Hall & Dexter describe them as follows:

"With few exceptions, for two or three months after the first appearance of the erysipelas, there was great uniformity in the early symptoms and manner of attack. The disease was ushered in by many of the premonitory symptoms of pyrexia; sore throat more or less severe; enlarged tonsils and submaxillary glands; difficult deglutition, and sometimes painful respiration, attended with lassitude, pain in the back and limbs, and frequently nausea and retchings. The breath and respiration were uncommonly foul and offensive. The tongue in most cases was covered with a grayish white slime, through which the tongue was observed of a deep red color. The bowels more or less constipated, were generally easily moved, though sometimes they were insensible to the action of cathartics. The pulse frequent and depressed, the hands and feet cold and clammy, the skin contracted, and the general expression shrunken and haggard.

"These symptoms were ordinarily succeeded, generally in twenty-four hours, by a chill, sometimes a severe rigor, which was followed by general reaction, with frequent and bounding pulse. The chills, however, instead of subsiding, as in the accession of the

*Since the above was prepared for the press, we have received from Dr. Meeker, of LaPorte, Ia., an account of the epidemic erysipelas at that place: we will insert it in our next.—Ed.

hot stage in other fevers, were more persistent in their duration, and were frequently protracted through the continuance of the hot stage, and indeed through all the stages of the paroxysm. In some instances also, through the remissions, even embracing the whole twenty-four hours; and although the chill sometimes continued during the period mentioned, even when the body was preternaturally warm, the skin was at the same time bathed with a copious acrid perspiration.

"Another mode of attack was very different from that just described. The patient would be suddenly overtaken in apparent health and amidst his labors, with a sense of coldness, painful in the extreme, soon followed by severe chills. These symptoms were followed by pain in the head, stomach, abdomen, back and joints, or some or all these at the same time, and in the course of twenty-four or thirty-six hours, ordinarily succeeded the sore throat above mentioned. These symptoms were the principal premonitions of the subsequent efflorescence, which appeared on the skin, usually about the third or fourth day, in form of erysipelas. This efflorescence gave the qualifying characteristic of the fever, and yet in our own practice, and that of our medical associates, it did not manifest itself in more than one case in six, and when it did appear it was not confined to any particular location. Dr. Barney, of Lyman, N. H., mentions eight individuals in one family who were attacked at the same time. In each patient the disease appeared in the same locality, and travelled over the same space, involving the same surface in its progress. Usually, it was first observed on the side of the neck or face, presenting an acutely sensible and circumscribed red spot. This when first noticed might be covered with the point of the finger, but rapidly spread upwards with a defined line of demarcation on its upper margin, and in its advance embraced the whole of the face and scalp, on the side upon which it first appeared.

"Dr. Jewett to whom we have before referred, and than whom no man has had better opportunities for observing this disease, says, 'not more than one case in twenty of those having the disease as early as January or February had external erysipelas, as subsequently occurred. Occasionally, however, in the early season of the epidemic, there were severe cases of external erysipelatous inflammation affecting the head, face, body or limbs, and some cases of deep-seated cellular suppuration, pervading all parts of the system.' For the most part there was manifest swelling, tenderness and pain in the part affected, previous to the appearance of the efflorescence, and occasionally when the attack was in the face, every vestige of expression was destroyed. Frequently when the constitutional symptoms were slight, there would be extensive inflammation of the skin; and as frequently, when the external manifestation was extensive, the redness and soreness of the fauces, which preceded the attack, was uniformly modified if not entirely removed. As there was uniformly an

inflamed condition of the mucous surface of the throat, preceding any constitutional disturbance of the system, and as this inflammation was usually modified or removed by the external disease of the skin; it would seem that this efflorescence upon the surface of the skin was not a symptom of the disease, but merely a translation of the inflammation from one surface to another. Often when two-thirds of one side of the body was covered with the erysipelatous inflammation, and the affection of the throat had subsided, suddenly the efflorescence would recede and the throat again become affected, and this would occur several times in one individual during the continuance of the disease."

Dr. Sutton remarks: (Am. Jrn'l Jan. '44, p. 248.)

"This disease has either assumed several characters, or we have had several epidemics traversing the county together. One was an erysipelas, connected with cynanche tonsillaris, or swelling of some of the lymphatic glands. Another was what we considered a *typhoid pneumonia*, sometimes connected with swelling of the axillary glands. These two diseases have been so intimately connected in my practice, and wherever I can hear of the epidemic prevailing, that it has been a question with me, whether the last was not a pulmonic erysipelas. The premonitory symptoms in each disease were alike; the character of the fever in each was the same; it was often the case that one form of the disease changed into that of the other; and we frequently had, in different members of the same family, the two forms of the disease at the same time. This epidemic appeared also to attack other organs, which I will notice hereafter.

"The following is a synopsis of the symptoms of this epidemic. When the throat was the part attacked, after the usual premonitory symptoms, which have been frequently mentioned, had continued for two or three days, the patient was generally seized with a chill, which lasted, in many cases, four or five hours; this was followed by a high fever, swelling of the tonsils, submaxillary, parotid, and lymphatic glands of the neck; neuralgic pains, darting over the side of the neck and head, frequently following the temporal artery; tongue, covered at first with a thick brown coat, soon became swollen and often very dark in the centre; deglutition frequently very difficult; pulse generally full, though easily compressed; skin at first hot and dry, becoming moist and continuing so after venesection. In the mild form of the disease these symptoms were frequently removed at once by an active antiphlogistic course of treatment. Sometimes the mild form had only the appearance of cynanche tonsillaris. But in the more malignant form, where the throat was affected, after the above symptoms had continued for two or three days, and sometimes from the very commencement, the pharynx became of a dark purple color; this color generally spread over the palate, tongue, and sides of the cheeks, the tongue becoming very much

swollen, assuming a blackish brown color; deglutition in many cases was almost impossible. In most of these cases an erysipelas would commence at the angle of the mouth, or nose, and spread over the face and head, with all the symptoms peculiar to that disease. The inflammation of the throat was seldom stationary; sometimes passing down the trachea, with symptoms resembling laryngitis, or cynanche trachealis, and at last assuming the symptoms of pneumonia. Sometimes this inflammation passed into the nostrils, and from them into the frontal sinuses; sometimes apparently into the antrum maxillary, but in nearly every case that I saw, the throat became well, while the erysipelas was spreading over the skin.

"Sometimes this disease appeared to commence at the frontal sinuses and antrum; large quantities of water would be discharged from the nose, a violent pain felt over the eyebrows, or one of the malar bones, the face becoming very much swollen, the swelling closing the eyelids. These symptoms generally continued until an erysipelas made its appearance, or there was a copious discharge of bloody mucus from the nose. In the case that I met with, the neck was enormously swollen, from the left ear down to the sternum, without any redness of the skin, or but little inflammation of the pharynx; this swelling rapidly subsided, and was followed by a profound coma that terminated in death. The disease seldom presented the putrid symptoms of *cynanche maligna*, and in those cases that it did, I believe the cause might be traced to the imprudent use of mercury. In a number of cases that I met with, the inguinal glands were the seat of the disease, becoming very much inflamed, and an erysipelas first making its appearance there, and spreading over the abdomen."

Dr. Robards, of Columbia, Tenn., notices the sore throat as a symptom generally occurring, though there were cases in which the inflammation of the face, head and extremities, were unaccompanied by affection of the throat. He says, "That the disease of the throat is the same as that which attacks the skin, is evident, from the fact, that in several instances, it has extended from the former to the latter, attacking, during its progress, the submaxillary and parotid glands, and extending over the side of the face and scalp. Sometimes it descends the trachea and attacks the bronchia; at others, it attacks the pharynx and stomach. Another fact must have been observed, that when the eruption attacks the skin, the gastric and bronchial irritation at once subsides."

All the observers have noticed a tendency in the disease to attack internal organs. "In Canada, according to Dr. Colby, the disease showed itself in attacks of acute inflammation of the substance of the lungs, pleura and stomach, &c." The uterus, peritoneum mucous surface of the bladder and urethra, the external

parts of generation, are all mentioned as frequent seats of the disease; extensive inflammation of the subcutaneous cellular tissue, with suppuration and disorganization to a fearful and revolting extent, is mentioned and reported by many gentlemen engaged in treating the disease.

Erratic pains of a neuralgic character, often very severe, are mentioned as usual accompaniments. Anomalous modes of attack, and various curious complications are detailed by the writers above referred to, which our limits oblige us to omit.

(To be Continued.)

Account of an Anencephalous Fœtus, with an unusual malformation of the Heart. By DANIEL BRAINARD, M. D.

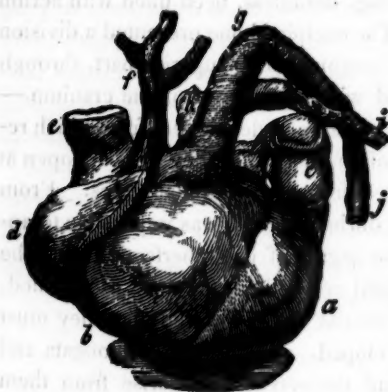
Dec. 1843.—I was allowed, by the politeness of Dr. Chas. V. Dyer, of this city, to make an examination of a Fœtus affected with the above named monstrosity, which he had met with in his practice. It was of the female sex, born at the full term of gestation, of healthy parents, who were middle aged, and had six children, all well formed and some of them of uncommon beauty. The limbs and trunk of the one in question were perfectly formed, of medium size, and the subcutaneous cellular and adipose tissues abundant.

The neck was very short, so that the head had the appearance of being attached immediately to the trunk; the shoulders projecting and in contact with the ears; the cranium small, and greatly flattened superiorly, and from its posterior part extended a sac 8 inches in length, and 9 in circumference at its largest part, which was near its extremity. This sac, at its base, was covered by skin like that of the hairy scalp of a fœtus, but near its extremity it was thin, smooth, and destitute of hair. The face was large, the chin projecting, the orbits directed upward, the eyes large and prominent, the frontal and parietal bones receding directly backward. This prominence of the chin, and want of development of the cranium, caused the face to look very much upward.

On laying open the sac, which had been ruptured during labor at its point of connexion with the neck, its walls were found to be composed, externally, of the coverings of the cranium, lined by the membranes of the brain; a part of its cavity was occupied by

the brain, the remainder having, doubtless, been filled with serum previously to its rupture. The occipital bone presented a division extending from the foramen magnum to its superior part, through which the sac communicated with the interior of the cranium.—The cervical vertebræ were but partially developed, from which resulted the apparent absence of the neck, but they were not open at the posterior part, as is not unfrequent in similar cases. From the injury done to the brain during labor, it was impossible to appreciate with exactitude, the degree of its imperfection; but the existence of the cerebrum and cerebellum could be ascertained, while the small size of the cranial cavity showed that they must have been but partially developed. The medulla oblongata and spinal cord were perfect, and the nerves which arise from them were distinctly seen.

The above described monstrosity constitutes a variety of those called "*anencephalous*," (from *a. priv.* and *enkephalos*, the brain,) which "consists less in the total absence of the brain and the bones of the cranium, than in the partial want, or imperfect development of these parts." (*Breschet*.) These were for a long time confounded with the "*Acephalous*" (without a head,) from which they are now separated, but to which many of them bear a strong analogy; for if a certain number be taken, they form a progressive series of vicious conformations, from those in which there is a limited opening of the cranial bones with partial deficiency of the brain, to those in which these parts, with the spinal cord, are entirely wanting. The occurrence of this malformation is not, by any means, of very rare occurrence, but the following anomalous arrangement of the great vessels arising from the heart and communication of the ventricles of that organ, *coinciding with it*, has, we believe, rarely been noticed. The size, form, and situation of the organ were normal, but on an attentive examination, it was observed that the pulmonary artery greatly exceeded the aorta in size; that the latter, after taking its origin, as usual, from the left ventricle, formed an ascending portion and divided into two terminal branches, one the brachio cephalic trunk for the right side of the head and the right arm, and the other for the same parts of the left side, while the descending aorta was formed by the continuous trunk of the pulmonary artery. The figure will exhibit this arrangement distinctly.



a is the left ventricle; *b* the right ventricle; *c* the left auricle; *d* the right auricle, *e* the descending cava; *f* the ascending aorta dividing into its terminal branches; *g* the pulmonary artery; *h* the branch for the right lung; *i* the branch for the left, arising higher up than the other, with a piece of the lung attached to it; *j* the descending aorta, formed

by the continuation of the pulmonary artery. The veins terminating at the heart were natural, except that there was but one pulmonary vein on the left side. No communication by the ductus arteriosus, existed between the aorta and pulmonary artery.

On laying open the cavities of the heart, the auricles were seen to communicate by the foramen ovale, which was of unusual size. The septum of the ventricles was also perforated at its superior part, by an opening a line in breadth by $2\frac{1}{2}$ lines in length. This opening is, according to J. F. Meckel, (*Manual of Anat.* vol. 2 p. 220,) constantly found where the pulmonary artery gives off the descending aorta, and the vessel is said, in this case, to arise from both ventricles. It will be perceived that the effect of this malformation of the heart and anomalous distribution of its vessels, would have been, in a fœtus possessed of a perfect organization in other respects, after birth the distribution of pure arterial blood to the head and superior extremities, and of mixed arterial and venous to the inferior members and trunk.

The alimentary canal, the organs of secretion, of respiration, and the genito-urinary system were normal, as was also the remaining portion of the vascular system; if we except one defect, slight in character, but which to omit nothing, may be mentioned; which consisted in the passage of the ductus venosus from the umbilical to the left hepatic vein, instead of arising, as is most usual, from the vena porta.

Case of Rupture of the Uterus, with occlusion of the Vagina. By
DANIEL BRAINARD, M. D.

On Monday, April 8, 1844, I was invited by Dr. J. Brinckerhoff, a highly respectable practitioner of this city, to examine the body of Mrs. Donnahue, who had died during labor. The history of the case was as follows:

On Tuesday, April 2d, at the full period of gestation, she was taken in labor, and the Dr. was called, who finding but slight pains, and there being constipation of the bowels, administered a cathartic of castor oil, after the operation of which, the pains entirely subsided, and on Thursday, she felt quite well and went about as formerly. Friday, at 2 A. M., pains returned, were of ordinary severity, and irregular in their returns, waters discharged, a venesection was practiced, and the physician was absent at times during the day. Saturday, at 4 o'clock, A. M., he was called in haste, but on his arrival, found the pains had suddenly left her, and that she complained of fullness at the epigastric region. Tenderness of the abdomen supervened, with frequency of the pulse and great depression, and death took place on Monday, at 2 A. M., The examination was made at 10 o'clock of the same morning, and gave the following results:

The vagina was closed above the middle by adhesions, which seemed perfectly to have obstructed the passage, and a firm band was found to extend from the left side of it, upward and backward, to its termination. No trace of the os uteri or of the head of the child could be felt. The abdomen having been laid open, the child, which was of full size, was brought into view, presenting its back to the anterior wall, the vertex resting in the left iliac fossa, the chin above the symphysis pubis, and the breech at the ensiform cartilage. The right iliac fossa was occupied by the placenta and membranes. The peritoneum was, at several points, of a deep red color, coated with a thin layer of coagulable lymph, and contained a small quantity of lymph and serum. On removing the child, the uterus was seen, of its usual size after delivery, slightly depressed into the pelvis. Drawing it gently upward, a rent was perceived at its anterior part, immediately above the attachment of the vagina, extending from side to side. Passing the finger through this into the vagina, it was arrested, as below, by the adhesions, and with a finger on either side, the septum appeared to be half an inch in thickness, and of very firm texture. The uterus and vagina, having been removed for more care-

ful examination, the margins of the rent were found to be rough and ragged, numerous large vessels were seen upon the torn surfaces, which were quite empty, and many fibres were attached to them drawn out from the opposite sides, which, to the unassisted eye, appeared like those of a muscle which has been for some time macerated in water. The wall at the side of the opening was an inch in thickness, and presented no trace of any former disease. The cavity of the uterus contained a small coagulum. The closure of the vagina was found to be perfect, with the exception of a canal through which a quill of small size might be forced, the orifices of which were obscure. The septum itself was very dense, and composed of the fibrous tissue of cicatrix.

In regard to the previous history of this individual, but little accurate information could be obtained. She was 28 years of age, robust, had borne 2 children, the first of which was still born at full term, and after a severe labor, the second also still born, but after a premature labor at 7 months; at this second time she was in labor only four hours, and suffered but little. Such were the only facts I was able to ascertain, and they by no means account for the adhesions of the vagina.

The rule of conduct to be adopted in cases similar to the present, is an interesting subject for consideration. The division of the adhesions, when they come to be pressed upon by the child's head, is the course which would most generally be preferable. There might, however, be a case in which the time of performing this would be difficult to select, where, as in the present instance, there was doubt in the mind of the practitioner if the full term of gestation was passed, which would induce him to defer it. Even if performed, the operation might not save the life of the patient. A case similar to this is recorded by Dr. Lombard, of Geneva, in which death from rupture of the uterus took place, although an attempt was made to separate the adhesions.

The removal of the child by the Cesarian section would have been admissible immediately after the rupture, if the physician had been present and recognized the accident at the time of its occurrence; but the small size of the canal of the vagina at the point of its contraction, would, by preventing the discharge of coagula and of the lochia, have favored the passage of these into the peritoneal cavity, and thereby have rendered the operation most hazardous. It is probable, therefore, that in this instance the advice of Hunter, Denman and others, (which they extended

to all cases of rupture of the uterus,) viz: to leave the case to nature, deplorable as was the result, was the best that could have been adopted.

Alcoholic Odour detected in serous effusion in the Ventricles of the Brain. By L. BRADLEY, M. D., of Elgin, Kane Co. Ill.

On the 6th of February last, Doct's. J. & E. Tift, of this village, with myself, were summoned before a Coroner's inquest, holden upon the dead body of Samuel Page, for the purpose of examining the body, and giving testimony in the case.

It appeared, from the evidence before the jury, that the deceased was found about two miles from this village, in his wagon, with his feet hanging over the fore board, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, as if in deep and heavy sleep; his breathing was stertorous and difficult. He was taken to a neighboring dwelling, where he expired in about ten minutes.

He had, a short time previously, left a "grocery" in this place, where he had been drinking freely; had been on a journey for some days, on his way to Iowa, and had been in the habit of drinking two or three times a day on the road, but was not an habitual drunkard. He left the "grocery" partially intoxicated, without mittens, or any other extra over-clothes, though the weather was somewhat below freezing point. He was a hardy, rugged man, plethoric and robust, with ample chest and a thick short neck.

INSPECTION.

Upon opening the cranium, about six hours after death, dark fluid blood poured rapidly from the sinuses, to the amount of eight or ten oz.—The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles, some serous effusion.

The medical witnesses agreed, in expressing their opinion, that the deceased died of apoplexy, caused by an intemperate use of stimulating liquor, and exposure to cold, superadded to a strong predisposition of the system to that disorder.

The verdict of the jury was, "death by apoplexy, caused by intemperance."

The circumstance, and, indeed, the only one, that I have thought rendered this case worthy of particular note, was the fact, that

the effused fluid found in the ventricles, yielded strongly, the alcoholic odour; this was so apparent that it was readily recognised by every member of the jury. Thus, we have a fact, corroborating others which have been reported, proving satisfactorily, that in some way, alcohol in substance does find its way to the brain.

I regret to add, that nothing was elicited during the examination, calculated to enlighten us in respect to the mode by which this result is effected.

BIBLIOGRAPHICAL NOTICES.

Fifth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum.

This is an able document, containing a mass of statistical information of the highest interest to the Physician, the Legislator and the Philanthropist.

The tabular statements of the Superintendent—William M. Awl, M. D.,—of the causes of lunacy, duration and results of treatment, &c., are at once comprehensive and satisfactory.

We subjoin a summary of the operations of the Asylum, for the five years of its existence.

Whole number of patients admitted in five years.....	473										
Males.....	248										
Females.....	225—473										
Old cases.....	259										
Recent do. (<i>less duration than one year</i>).....	214—473										
Paupers.....	349										
Pay patients.....	124—473										
Single.....	226										
Married.....	203										
Widows.....	33										
Widowers.....	11—473										
Whole number discharged.....	<table> <tr> <td>Recovered.....</td><td>203</td></tr> <tr> <td>Improved.....</td><td>18</td></tr> <tr> <td>Incurable.....</td><td>51</td></tr> <tr> <td>Idiotic.....</td><td>2</td></tr> <tr> <td>Died.....</td><td>51—325</td></tr> </table>	Recovered.....	203	Improved.....	18	Incurable.....	51	Idiotic.....	2	Died.....	51—325
Recovered.....	203										
Improved.....	18										
Incurable.....	51										
Idiotic.....	2										
Died.....	51—325										
Whole number of recent cases discharged.....	<table> <tr> <td>Recovered.....</td><td>154</td></tr> <tr> <td>Incurable.....</td><td>4</td></tr> <tr> <td>Died.....</td><td>17—175</td></tr> </table>	Recovered.....	154	Incurable.....	4	Died.....	17—175				
Recovered.....	154										
Incurable.....	4										
Died.....	17—175										
Whole number of old cases discharged.....	<table> <tr> <td>Recovered.....</td><td>49</td></tr> <tr> <td>Incurable.....</td><td>67</td></tr> <tr> <td>Died.....</td><td>34—150—325</td></tr> </table>	Recovered.....	49	Incurable.....	67	Died.....	34—150—325				
Recovered.....	49										
Incurable.....	67										
Died.....	34—150—325										

Per ct. of recoveries on all cases admitted in 5 years	42.91
Per ct. of recoveries on all cases discharged in 5 years	62.46
Per ct. of recoveries on all recent cases discharged in 5 years	88.00
Per ct. of recoveries on all old cases discharged in 5 years	32.66
Per ct. of deaths on the whole number, (51 of 473)	10.70
Average per ct. of deaths in 5 years	8.65

The following is also interesting, as showing the relative number of patients afflicted with different species of insanity.

Mania, 308; do. epileptic variety, 30; do. homicidal do. 5; Melancholia, 63; do. suicidal variety, 21; Moral insanity, 15; Dementia, 28; Idiotism or imbecility, 3.—Total, 473.

Notwithstanding the great number who have received the benefit of the institution, the demands upon it appear to be far beyond the means of accommodation. Two additional buildings are in progress of erection, for the accommodation of incurables; an act of the Legislature of Ohio, having appropriated \$20,000 in cash, and \$25,000 in convict labor, for that purpose.

From many general remarks replete with sound sense, and evincing a discriminating judgment and a tact of observation highly complimentary to their possessor, we cannot forbear quoting the following. After mentioning several apartments "to be built as strong and secure as massive limestone and mortar can make them," Dr. Awl remarks:

"These rooms are intended for furious maniacs, of extraordinary strength and malevolent dispositions; or, if the Legislature think proper, for the special reception and detention of dangerous homicides, where they can be safely and faithfully examined, by those who are familiar with mental disorders, when the courts have doubt in regard to the fact of insanity.

"The great interest which is at this time felt upon the subject of *homicidal insanity*, by the legal and medical professions, as well as the public at large, and the evident necessity of having some plan by which the important question of mental soundness and moral responsibility, in criminal cases, may be safely and certainly decided, have induced us to prepare the strong apartments aforementioned; and we respectfully propose this method for the consideration of the public authorities in our State.

"Unquestionably, the premeditating, cold-blooded murderer, deserves to forfeit his miserable life upon the gallows; but the prostration, impairment, or loss of heaven-born reason in a fellow being, as certainly removes moral accountability, and excuses crime. The only difficulty, for either the jurist or the physician, is to be able to determine the fact of mental derangement with clearness and satisfaction; and this, with becoming respect, we think can be decided with the greatest certainty, in an institution

devoted to the subject, where the officers have all the advantages of experience, and the best means of acquiring information."

ADDRESS ON INSANITY AND THE ESTABLISHMENT OF A LUNATIC ASYLUM. Delivered Dec. 25, 1843, in the M. E. Church, before the Committee of the House of Representatives on Education, and the public. By JOHN EVANS, M. D., of Attica, Ia.,

The object of this address, as intimated in its caption, is to direct public opinion to the wants of the insane in the State of Indiana, and to call the attention of the Legislature to their proper relief.

The "Address" gives a rapid sketch of the history of the treatment of lunatics, and "a synopsis of the important points of the *moral treatment*." It also makes strong appeals to the humanity of the citizens and the policy of the Legislative authorities. The impossibility of benefit to the insane under the existing laws of the State, is ably shown. Only pauper lunatics are provided for, and those only in a way without possibility of effective treatment.

A calculation from data, derived from authoritative sources, shows that \$30,000 would be sufficient to build and furnish an Asylum for the accommodation of 100 patients. "A tax of one cent upon \$100 valuation of property in the State, would raise the amount in three years." After this, Dr. E., remarks: "There is no question up whether we will take care of our lunatic paupers or not, nor whether a tax shall be laid for that purpose, for we cannot avoid either, as the counties must provide for them at the expense of the public, if the State does not. And how it is attended to by the counties we have already seen. The only question is, will we adhere to the present yet *miserable* plan, or will we adopt the one dictated by the strongest considerations of economy, and the purest principles of humanity."

We have quoted the above, as it is equally applicable to the condition of things in the State of Illinois. The only provision for the insane of this State, is in "An act regulating the estates of Idiots, Lunatics and persons distracted, and for other purposes," approved Feb. 12, 1823. In this act, (Sec. 6.) provision is made for constraint and maintainance, but none for *cure*. In Dr. Evans' address, we find quoted the authority of "Dr. Woodward, of the Massachusetts Lunatic Hospital," who "demonstrated that the average cost of maintaining 25 recent cases, both before they entered and during their residence in the Hospital, was \$50 each, while that of supporting as many of the oldest cases was \$1903 each." "This shows," (we quote from the address,) "a difference of more than thirty dollars to one in favor of curing cases, instead of keeping them on hand." It is to be hoped that a due consideration of these facts will cause medical gentlemen to urge, and the Legislative bodies in Illinois, to effect a reform

in these respects, a reform called for by humanity and policy. We would be glad to see Dr. Evans' address widely distributed, and generally read.—ED.

Review of a Pamphlet, entitled "PHYSIOLOGY VINDICATED in a Critique on Liebig's Animal Chemistry. By CHARLES CALDWELL, M. D." By ROBERT PETER, M. D.

In this Review, the prejudices and antiquated views of the venerable Professor, who is the author of the "Critique," are viewed through the clear medium of modern science. The opening sentence of Dr. Peter, will explain more accurately than we could do, the design of the Review.

"The avowed design of the author of the pamphlet in hand, as given in his preface, is "*conservative* rather than *promotive*—to prevent the science of physiology, in whose behalf it was conceived and resolved on, from being *injured and degraded*, rather than actually to *IMPROVE* and *ELEVATE* it;" and the belief that its publication will *not* tend to improve and elevate knowledge in general, or any branch of science in particular, but that it will rather injure and degrade; with the conviction that it is my duty to oppose, to the extent of my abilities, all such tendencies, from whatever quarter, is the strong reason which urges me to offer the following remarks to the medical public."

The Review is spirited, and shows in the Professor, without any appearance of design, depth of research upon the subjects discussed, and a zeal for the advancement and elevation of the science which he defends.

The "Critique" of Dr. Caldwell has never come into our hands, but from the extracts given, it is evident that the reviewer has the stronger side of the question, nor has it lost ground in his hands. It must be confessed that Dr. P. handles his opponent "*without gloves*;" witness the following extract:

"In undertaking, in the present instance, the disagreeable task of exposing error, many motives are presented to induce me to prefer the ease of silence. The venerable age and acknowledged standing of the author; the untiring ability with which he wields his pen, and the most ready use of argument to sustain his positions, so as often to make the "*worse appear the better* reason;" the consideration that the work which he attacks in the present pamphlet, cannot be put down by a mere clash of logical arms, by the most ingenious mis-statement of its propositions, nor the strongest array of perverted or misquoted facts; the belief that any man of sense, or of clear unbiassed judgment, who had studied the productions of Liebig, would at once, without my assistance, perceive the injustice done to truth, logic, and that author, in the pamphlet of Professor Caldwell; and lastly, but not least, the fact, that in the performance of the task I have assumed, I shall be obliged to convict the Professor, not only of

practical adherence to the old mode of philosophizing, namely, that of the school of Aristotle, but also of wilful or ignorant misconstruction of facts and arguments; and, what is more disagreeable, I shall be forced to expose, in his production, an amount of ignorance of science in general, and even of physiology, whose cause he undertakes to *vindicate*, and of which he has been professedly a teacher for so great a number of years, as would disgrace a tyro, and must appear incredible to the common observer."—ED.

GENERAL INTELLIGENCE.

MEDICAL CLASSES—SESSION 43, '44.

	No. of Students.	No. of Graduates.
University of Pennsylvania.....	424.....	148
Jefferson Medical College.....	341.....	117
Louisville Medical Institute.....	242.....	47
Transylvania University.....	214.....	59
Med. College, State of South Carolina.....	224.....	82
Medical College of Ohio.....	185.....	36
Geneva Medical Institute.....	195.....	44
College of Physicians & Surgeons N. Y.....	182.....	32
Albany Medical College.....	108.....	—
Harvard University, Boston.....	150.....	17
Kemper College.....	90.....	27
Yale College.....	60.....	18
Totals.....	2415.....	627

The number of graduates in the University of the city of New York, was 93; in the Medical College, Richmond, Va., 24: but we have not been able to ascertain the number of students in either of these institutions. From the University of St. Louis, we have heard nothing. In the Rush Medical College of our own city, the number of matriculants was 22,—one only graduating. The organization was effected *but a few weeks* previously to the opening of the Session.—ED.

NOTICE TO READERS AND CORRESPONDENTS.—We are indebted to Prof. MEEKER, of LaPorte, Ia., for a communication on the "Epidemic Erysipelas, as it occurred in LaPorte co. Ia.," We regret that we are obliged to postpone its insertion to our next number.

The MEDICAL EXAMINER has been received from the commencement of the vol. to the latest dates.

The MEDICAL NEWS we have also received from Jan'y. to the last No.

The CYCLOPEDIA OF PRACTICAL MEDICINE, Part I. we regret to say, arrived too late to be properly noticed in our present number.